

Witness Statement

I hereby voluntarily make the following statement of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

Person Reporting Incident:

This information	is required and cannot be 'anonymous'.				
Name:					
Animal Owne					
Name:					
				Animal Info/[
				Animal Type:	Animal Breed:
Sex:	Age:				
Animal Color/Markings:					
Additional Anin	nal Info:				



Catawba County Animal Services PO Box 389 Newton, NC 28658

Phone: 828-466-6814 Fax: 828-465-8918 Email: animalservices@catawbacountync.gov

Witness Statement Continued

Describe the Incident:

Date:	Time	e:	
Address Where Inc			
I have written this statement and affirm to the truth and accouracy of the facts as stated and contained herein to be the best of my present recollection.			
Printed Name:			
Signature:		Date:	